Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

Dep Inte	artment of t	the Treasury e Service	► Go to www.irs.g	ov/Form990 fo	or instructions and th	he late	st inform	nation.		Inspection	
$\overline{\mathbf{A}}$	For the 2018 calendar year, or tax year beginning , 2018, and ending									, 20	
В	Check if a	pplicable	C Name of organization Solar F	Rights Allia	nce			D	Employ	er identification number	
X	Address o		Doing business as						81-1	203907	
	Name cha	ange	Number and street (or P O box if m	Room	/suite	E.		ne number			
	Initial return 302 Washington St #150-5062								916-778-0096		
	Final return	/terminated	City or town, state or province, cour		reign postal code					0.45.005	
	Amended		San Diego, CA 92103					G	Gross re	eceipts \$ 215,027	
	Applicatio	n pending	F Name and address of principal office	er			1 '			subordinates? Yes No	
						/	↓ H(I			s included? Yes No	
<u></u>	Tax-exem		501(c)(3) X 501(c) (4) ∢ (inser	t no) 🔲 4947(a)(1) or		<i>17</i>	•		a list (see instructions)	
<u>J</u>			v.solarrights.org	near				c) Group exe		-	
_		<u>×</u>	Corporation Trust Associa	tion X Other	corporated ass	of for	Petion	2016	M State	of legal domicile CA	
۲	art I	Summa			•						
Activities & Governance	_	We ed	scribe the organization's miss ucate and engage the	public to d	efend the right	tofe		Californ	ian t	o make and store	
'n			nergy without unreaso								
Ş.	1		s box ▶ ☐ if the organization			spose	d of mo	re than 25	1 1		
ğ	1		of voting members of the gove						3	2	
တ္	1		of independent voting member	_			b) .		4	1	
VİŢ.	L		ber of individuals employed in	-	ar 2018 (Part V, line	(2a)			5 6	20	
Ę			ber of volunteers (estimate if elated business revenue from l				•		7a	0	
٩			ated business revenue from a						7b	0	
	<u> </u>	vet uniter	ated business taxable income	nomi om se	00-1, line 00	• •	<u> </u>	Prior Year	170	Current Year	
_	8 (Contributi	ions and grants (Part VIII, line	1h)			0			215,027	
Jue	1		service revenue (Part VIII, line			• •	0			0	
Revenue	l .	-	nt income (Part VIII, column (A				0			0	
æ			enue (Part VIII, column (A), line	•	•		0			0	
	1		nue-add lines 8 through 11 (n		•	ne 12)	0			215,027	
			d sımılar amounts paid (Part I				0			0	
	1		oald to or for members (Part IX		•		0			0	
S	15 9	Salaries, o	ther compensation, employee t	oenefits (Part I	X, column (A), lines 5	5–10)	0			97,125	
Expenses	16a F	Profession	nal fundraising fees (Part IX, c	olumn (A), Iın	e 11e)		0			0	
xpe	b 7	Total fund	Iraising expenses (Part IX, coli	umn (D), line 2	25) 🕨						
Ш	17 (Other exp	enses (Part IX, column (A), line	es 11a-11d, 1	1f-24e)					28,564	
	18	Total expe	enses. Add lines 13–17 (must	equal Part IX,	column At time 26	FD				125,689	
	19 F	Revenue I	less expenses. Subtract line 1	8 from line 12						89,338	
s or					MAY (2.3)	2019	Beginn	ing of Currei	nt Year	End of Year	
Sset	20 7		ets (Part X, line 16)			7013				88,563 0	
Net Assets or Fund Balances	21 7		lities (Part X, line 26)		00 00051	· · ·	181			88,563	
	22 N		s or fund balances. Subtract li ure Block	ine 21 from iir	^{₱ 20} OGDEN,	, UT			i		
_			y, I declare that I have examined this r	etum including a	ccompanying schedules	and eta	etemente	and to the h	nest of n	ny knowledge, and belief it is	
			ete Declaration of preparer (other than							ny knowledge and belief, it is	
_		L	0 \ 01.10					4/6	/201	9	
Sig	jn	Signa	ture of officer					Date		·	
He	re		ıvid J Rosenfeld,			4/6/	2019				
		丁 ⁄ 灰	ecutive Director								
Pa	id	Print/Typ	e preparer's name	Preparer's signa	ture		Date		Check [nf PTIN	
	eparer						<u></u>		self-emp		
	e Only	I — .	ime 🕨					Firm's I	EIN ►		
		Firm's ac						Phone	no		
Ма	y the IRS	3 discuss	this return with the preparer s	shown above	? (see instructions)					🔲 Yes 🗌 No	
For	Paperwo	ork Reduc	tion Act Notice, see the separa	te instructions	<u> </u>	Cat	No 112	82Y		Form 990 (2018)	

Part	
1	Check if Schedule O contains a response or note to any line in this Part III
•	Briefly describe the organization's mission: We educate and engage the public to defend the right of every Californian to make and store
	solar energy on their property without unreasonable interference or barriers
_	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ \$32,543 including grants of \$) (Revenue \$) The Solar Bill of Rights: Educated and engaged the public around a new idea to guarantee
	by law the right to make and store solar energy on one's property without unreasonable interference, red tape, or discriminatory fees.
4b	(Code:) (Expenses \$ \$10,634 including grants of \$) (Revenue \$) Consumer education: Educated solar users around a wide range of consumer best practices, from choosing a solar installer, to maintaining one's solar system, to considering purchasing battery storage.
4c	(Code:) (Expenses \$ \$44,525 including grants of \$) (Revenue \$) Consumer outreach: Reached out to tens of thousands of solar users statewide through online and offline methods to educate solar users about threats to and opportunities for solar, and ways individual solar users can make their voices heard to decision-makers.
4d	Other program services (Describe in Schedule O.) (Expenses \$ \$7,482 including grants of \$) (Revenue \$)
4e	Total program service expenses ► \$95,184

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Form 99	0 (2018)	<u>U</u>	F	Page 3
Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		x
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		x
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>x</u>
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		×
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
		Form	n 990	(2018)

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	201		x
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28b		x
29	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			†
00	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	x	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			. 🔲
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	reportable gaming (gambling) winnings to prize winners?	10		X

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<u> </u>		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		x	
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	C.	X	
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		L a constitute
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	\vdash		
_	sponsoring organization have excess business holdings at any time during the year?	8		—
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	3.5		· · · · · · · · · · · · · · · · · · ·
a	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	!		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			Ì
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_	the organization is licensed to issue qualified health plans			
с 14а	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
10	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N			7
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
		Form	9 90	(2018)

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 to response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change				
	Check if Schedule O contains a response or note to any line in this Part VI				. X
Secti	on A. Governing Body and Management				
	<u> </u>			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 2			
	If there are material differences in voting rights among members of the governing body, or]
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent .	1b 2			
2	Did any officer, director, trustee, or key employee have a family relationship or a business	relationship with			
	any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or	under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9		4	х	
5	Did the organization become aware during the year of a significant diversion of the organization		5		x
6	Did the organization have members or stockholders?		6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to	elect or appoint		v	
	one or more members of the governing body?		7a	X	
ь	Are any governance decisions of the organization reserved to (or subject to approva				x
•	stockholders, or persons other than the governing body?		7b		^
8	Did the organization contemporaneously document the meetings held or written actions ur				
Ū	the year by the following:	acreation daming			•
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot	ot be reached at			
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule C		9		X
Section	on B. Policies (This Section B requests information about policies not required by th		uc Co	odc.)	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities o	f such chapters.			
_	affiliates, and branches to ensure their operations are consistent with the organization's exem		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body bef		11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	e rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the				
_	describe in Schedule O how this was done		12c		
13	Did the organization have a written whistleblower policy?		13		X
14	Did the organization have a written document retention and destruction policy?		14		X
15	Did the process for determining compensation of the following persons include a review a				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation			<u> </u>	
а	The organization's CEO, Executive Director, or top management official		15a	Х	
b	Other officers or key employees of the organization		15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or sim	ılar arrangement			
	with a taxable entity during the year?	-	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization				
	participation in joint venture arrangements under applicable federal tax law, and take steps	to safeguard the	Mar compa	easterningere	
	organization's exempt status with respect to such arrangements?		16b		
Section	on C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ► California				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable	e), 990, and 990-	(Sec	tion 5	501(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that		-		. ,
	Own website Another's website Upon request Other (explain in Sc				
19	Describe in Schedule O whether (and if so, how) the organization made its governing docume	ents, conflict of int	eresti	policy	, arıd
-	financial statements available to the public during the tax year.	,		,	
20	State the name, address, and telephone number of the person who possesses the organization David Rosenfeld, 5439 SE Raymond St Portland, OR 97206, 916-778-	on's books and re ·0096	cords	>	

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,	and
	Independent Contractors	

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (C) Position (A) (B) (D) (E) (F) (do not check more than one Name and Title Average Reportable Reportable Estimated box, unless person is both an compensation from hours per compensation amount of officer and a director/trustee) veek (list an from related other Officer Highest compensated employee Individual Institutional trustee Key employee organizations compensation hours for the director (W-2/1099-MISC) from the related organization organizations (W-2/1099-MISC) organization below dotted and related trustee line) organizations 0 0 X 0 (1) David Rusch, Board President 0 0 (2) Thomas Fendley, Board Member Х (3) Marguis Smith, Board Member O O Х (4) Robert Mills, Board Member n 0 Х (5) David Rosenfeld, Executive Director 40 97,125 0 0 X (6) (7) (9) (10)(11) (12) (13)

	VII Section A. Officers, Directors, Trus	Ces, Rey E	pios	, c e 3)		J. U	ompensated E	pioyees (C	Jonandod)
•	(8)	/B)			Pos	-			(0)	(E)	(F)
	(A)	(B)		ot ch	eck	more	than o		(D)		
	Name and title	Average hours per					ıs both or/trus		Reportable compensation	Reportable compensation	
		week (list any			_			, 	from	related	other
		hours for	or a	nst	Officer	(e)	불후	🖞	the	organizatio	ns compensation
		related	lirec	₫	[월	Key employee	of est	Former	organization	(W-2/1099-M	
		organizations below dotted	tor a	2		plo of	8 8		(W-2/1099-MISC)		organization and related
		line)	Individual trustee or director	-		yee	퍨				organizations
			tee	Institutional trustee			ensa				
				ď			Highest compensated employee	ł			
15)										_	
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1b	Sub-total			-					\$97,125		· · · · · · · · · · · · · · · · · · ·
C	Total from continuation sheets to Part	VII, Section	n A						\$0	\$0	\$0
đ	Total (add lines 1b and 1c)		. <u>. </u>	<u>. </u>		· ·	•	<u> </u>	\$97,125	\$0	\$0
2	Total number of individuals (including but	not limited	to th	ose	list	ed a	above	e) w	ho received mo	ore than \$10	00,000 of
	reportable compensation from the organi	zation 🕨 🖇	60								
											Yes
•	Did the organization list any former of	C				۰ <u>0</u> ا					السنت النسم
J	DIG THE OTGENIZATION HIST WAY TOTTIEN OF	ticer, airec	tor. O	r tru	JSTE	:E. I	kev e	emp	lovee, or nian	est comper	nsated
3								-			nsated 3
	employee on line 1a? If "Yes," complete	Schedule J	for su	ich i	ndı	vidu	ıal				3
4	employee on line 1a? If "Yes," complete a For any individual listed on line 1a, is the	S <i>chedule J</i> sum of rep	for su cortab	ich i de c	<i>ndı</i> :om	<i>vidu</i> per	<i>ial</i> isatio	n a	nd other comp	ensation fro	3
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4 5	employee on line 1a? If "Yes," complete of For any individual listed on line 1a, is the organization and related organizations individual. Did any person listed on line 1a receive of for services rendered to the organization on B. Independent Contractors Complete this table for your five highest of the organization of the complete this table for your five highest of the complete the stable for your five highest of the complete the your five highest of the complete the you	schedule J e sum of rep greater tha er accrue co ? If "Yes," c	for supportation \$1 compering omple	ole c 50,0 nsati ete S	om 2000 ion Sch	per? If fronedu	nsations at the second	on and s, " of under sectors actors	nd other comp complete Sch related organize such person	ensation from the definition or indicated more than the definition or indicated more than the definition of the definiti	om the r such 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
4 5 Section	employee on line 1a? If "Yes," complete of For any individual listed on line 1a, is the organization and related organizations individual. Did any person listed on line 1a receive of for services rendered to the organization on B. Independent Contractors Complete this table for your five highest compensation from the organization. Rep	schedule J e sum of rep greater tha er accrue co ? If "Yes," c	for supportation \$1 compering omple	ole c 50,0 nsati ete S	om 2000 ion Sch	per? If fronedu	nsations at the second	on and s, " of under sectors actors	nd other comp complete Sch related organize such person	ensation from the definition or indicated more than the definition or indicated more than the definition of the definiti	om the r such 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
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4 5 Section	For any individual listed on line 1a, is the organization and related organizations individual. Did any person listed on line 1a receive of for services rendered to the organization on B. Independent Contractors Complete this table for your five highest compensation from the organization. Replyear.	schedule J e sum of rep greater that or accrue co ? If "Yes," co compensate port compensate	for supportation \$1 compering omple	ole c 50,0 nsati ete S	om 2000 ion Sch	per? If fronedu	nsations at the second	on and s, " of under sectors actors	nd other comp complete Sch related organizeuch person ors that receive rear ending wit	ensation froedule J for ation or indicated more than hor within the	om the r such 4) ividual 5) in \$100,000 of the organization's tax
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4 5 Section	For any individual listed on line 1a, is the organization and related organizations individual. Did any person listed on line 1a receive of for services rendered to the organization on B. Independent Contractors Complete this table for your five highest compensation from the organization. Replyear.	schedule J e sum of rep greater that or accrue co ? If "Yes," co compensate port compensate	for supportation \$1 compering omple	ole c 50,0 nsati ete S	om 2000 ion Sch	per? If fronedu	nsations at the second	on and s, " of under sectors actors	nd other comp complete Sch related organizeuch person ors that receive rear ending wit	ensation froedule J for ation or indicated more than hor within the	om the r such 4) ividual 5) in \$100,000 of the organization's tax

	990 (201 t VIII	<u> </u>	00110						Page \$
Fai	t VIII	Check if Schedule C		2 r00	nonce or note t	to any line in this	e Part VIII		
		Officer if Schedule C	CONTAINS	aics	porise of flote i	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
nts	1a	Federated campaigns	s	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .		1b]			
S, C	С	Fundraising events .		1c			Kan ma muaakiish KYMYYMY S. C.	es mara via minima allum adamaticano	MAY 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
Gift	d	Related organizations	s	1d		<u>.</u>			ļ
s, iii	е	Government grants (cor		1e		1	1	1	1
tio S r	f	All other contributions, g			\$215,027				
효		and similar amounts not inc		1f		_			
Contributions, Gifts, and Other Similar Ar	g	Noncash contributions include				-d-7-4-E-0-7			t t e remittentullinginger
	h	Total. Add lines 1a-1	<u>†</u>	<u> </u>	<u> </u>	\$215,027	**************************************	, , , , , , , , , , , , , , , , , , ,	
Program Service Reverue	2a b				Business Code			. U U C	The second secon
ξ	С								
Ser	d								
E,	е								
<u>g</u>	f	All other program ser			L				
	9	Total. Add lines 2a-2	(† (>				
	3	Investment income and other similar amo							
		Income from investmen	•						
	4 5		t of tax-exe	mpt be	ona proceeas				
	3	Royalties	(ı) Rea	 I	(ii) Personal		aastonamillinkallaniiniiniinka sasanii		Constitutionis to an
	6a	Gross rents	- "			Mildration in the sa			a to special criming hiddlighiddligh
	b	Less rental expenses				1			
	c	Rental income or (loss)				-			
	d	Net rental income or	(loss)		•				
	7a	Gross amount from sales of	(i) Securit	ies	(ii) Other				
	, u	assets other than inventory				1			
	ь	Less, cost or other basis				1			
	_	and sales expenses					•	. ,	
i	С	Gain or (loss)							
	d	Net gain or (loss) .			>				
4									
חמר	8a	Gross income from fu	ındraısıng			}			
Other Revenue		events (not including \$				hideware retenarianjajajajajajajajajajajaj	nudosusphikkarsphilinjiphoneen svegyp	alliquiquature e i mportoosie equippiese	s unduring our extrement of the second
Re		of contributions reporte							
ě						1			
5		Less: direct expenses					Paratr (451), 141		
		Net income or (loss) f			events >				
	9a	Gross income from ga							:
	_	See Part IV, line 19 .				4			
		Less: direct expenses					- (20) A D O J 100 O J 10 O D		Secretarion Management
		Net income or (loss) f Gross sales of in			vities ▶				
	iva	returns and allowance							
						-			
		Less cost of goods s Net income or (loss) f							
	С	Net income or (loss) t		אווו נט	Business Code	<u> </u>			
	11a	iviiscellaneous H	ievenue		Dusiness Code				
	11a b					 			
						 			
	c d	All other revenue				1-			-
		Total. Add lines 11a-	 .11d	•	<u> </u>		<u> </u>		
	42	Total revenue See u				\$215 027			

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must com

Sectio	n 501(c)(3) and 501(c)(4) organizations must cor				
•	Check if Schedule O contains a respor	ise or note to any l	ine in this Part IX		
	t include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members	\$97,125	\$73,825	\$11,655	\$11,655
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
9 10 11	Other employee benefits				
a b c	Management	\$763		\$763	
d e f	Lobbying				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	640.050	640.050		
12	Advertising and promotion	\$10,950	\$10,950	**************************************	
13	Office expenses	\$315	MT 004	\$315	04.400
14	Information technology	\$9,216	\$7,004	\$1,106	\$1,106
15	Royalties				
16	Occupancy				
17 18	Travel	\$6,407	\$3,204	\$641	\$2,563
19 20	Conferences, conventions, and meetings . Interest	\$212	\$212		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	viewyydawysts ,			, a postal
а	Bank fees	\$5			\$5
b	Subscriptions	697	<u> </u>		\$698
c					,
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	\$125,690	\$95,184	\$14,484	\$16,022
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here of ollowing SOP 98-2 (ASC 958-720) In the organization in the organization of the organization of the organization in the organization of the organization	¥120,000	400,104	Ψ11,TOT	V10,022

Form 990 (2018) Page 11 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) End of year Beginning of year 36.814 O 1 0 0 2 2 Savings and temporary cash investments 0 0 3 3 0 52,524 4 Accounts receivable, net . . . 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. D Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary CL DING DE PROBRE DE L organizations (see instructions) Complete Part II of Schedule L . Ô 6 Assets 0 0 Notes and loans receivable, net 7 O 0 8 0 0 Prepaid expenses and deferred charges . . . 9 10a Land, buildings, and equipment: cost or 0 other basis. Complete Part VI of Schedule D 10a 0 10b 10c 0 Less: accumulated depreciation 0 0 11 Investments—publicly traded securities 11 \mathbf{o} 0 12 Investments - other securities. See Part IV, line 11 . 12 σ 13 0 13 Investments—program-related. See Part IV, line 11... 0 0 14 14 σ 0 15 Other assets. See Part IV, line 11 15 89.338 0 16 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 0 0 17 Accounts payable and accrued expenses 17 0 O 18 18 Grants payable 0 0 19 19 Deferred revenue 0 0 20 20 0 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors, 22 Liabilities . , . , trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L Ō 22 O 0 0 23 23 Secured mortgages and notes payable to unrelated third parties . . . 0 0 24 24 Unsecured notes and loans payable to unrelated third parties . . . Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 0 of Schedule D 0 25 0 0 Total liabilities. Add lines 17 through 25 . 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ **Net Assets or Fund Balances** complete lines 27 through 29, and lines 33 and 34. Ō Õ 27 27 Unrestricted net assets 89,338 0 Temporarily restricted net assets 28 28 0 0 29 29

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Paid-in or capital surplus, or land, building, or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds .

complete lines 30 through 34.

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89,338

89.338

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	Page	7	-
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	20 (20 10)				age
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				<u>. </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	215,		
2	Total expenses (must equal Part IX, column (A), line 25)	2	125,		
3	Revenue less expenses. Subtract line 2 from line 1	3	89,3	<u> 38 </u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	0		
5	Net unrealized gains (losses) on investments	5	0		
6	Donated services and use of facilities	6	0		
7	Investment expenses	7	0		
8	Prior period adjustments	8	0		
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0		
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line		89,3	38	
	33, column (B))	10			
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			· · ·	. 🗆
	•			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," exp	olaın	ın 📮	, a }	7
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2	2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	oiled	or 📗		
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				179
b	Were the organization's financial statements audited by an independent accountant?		·	2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	d on	а		
	separate basis, consolidated basis, or both:				"
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		ļ .		Ψ
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov				
	of the audit, review, or compilation of its financial statements and selection of an independent accou		200	2c	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	ın		`
	Schedule O.				Ų.
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	I .	.	X
_	the Single Audit Act and OMB Circular A-133?			Ba	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not unde			sb	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	Jaits.			0 (0045)
				Form 99	U (2018)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

2018

Employer identification number

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Solar Rights Alliance 81-1203907 Continued from Part III: Statement of Program Service Accomplishments Stand Up to Expensive Evening Electricity Rates: Helped alert and mobilize solar users to support Senate Bill 700, which extends the state's rebate program for battery storage. Expenses: \$4,062 Stop the Solar Power Grab: Helped alert and mobilize solar users to oppose efforts by utility companies to lock in a monopoly on solar and storage installation. Expenses: \$3,421 Part VI Section A, number 4: Bylaws revised on 3/27/18 to allow the opportunity to add members if the organization chooses to do so. Section A, number 8b: No standing committees exist at this time. The Board of Directors convenes as a whole. Section B, number 15b: Board President consulted with staff from similar organization that recently conducted a comprehensive compensation review of a range of positions at comparable nonprofit organizations in California. That information was shared with Board President, who subsequently used to inform Board's compensation decision. Section C, number 19: Governing documents and financial statements available to the public upon request. Organization has no conflict of interest policy at this time.

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization	Employer identification number
······································	
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